

Incident Report

New Jersey Department of Community Affairs

PO Box 808, Trenton NJ 08625-0808

Phone 609-292-2097 Fax 609-984-7084

HOTLINE 609-292-2099

N.J.A.C 5:14A-4.13

To be completed by owner immediately after accident or injury and faxed to the above number within 24 hours. If the accident results in death or serious injury, phone (609) 292- 2097 between the hours of 8:30 am to 4:30 pm Monday thru Friday. At all other times including State Holidays call the Carnival Amusement Ride **HOTLINE** at **609-292-2099**

Name of Owner:		Date :	
Trade Name:		Phone:	
Address of Incident:	Street	City:	
	County	Zip Code:	
Ride Name:	Permit # :	NJ ID # :	
Date of Incident:	Time of Incident:	AM	PM
Name of Injured :		Age:	Height:
Address of injured :	Street:	City:	
	County:	Zip Code:	

Type of injury & Body Part Injured :

Did the injured go on for further treatment (hospital, doctor)? Yes _____ No _____ If yes to either, call
Was the injured transported by ambulance? Yes _____ No _____ HOTLINE Immediately
If yes, where did the injured go? _____

Detailed description of Incident:

List all operators on the ride:

1	4
2	5
3	6

List all witnesses: (Include names(first and last), age, address and relationship to owner or injured

Print name _____ Signature _____

Office Use Only

Received by:	Inspector Notified:			
Incident Type:	Investigate	Yes	No	
Date of Notification :	Via:			

DCA-CAR-INCIDENT-12-01-03